## Mississippi Secretary of State

ADMINISTRATIVE PROCEDURES		P. O. Box 136, Jackson, MS 3920	05-0136			
AGENCY NAME Mississippi State Board of Cosmetology		CONTACT PERSON David Derrick	W-1-1		TELEPHONE NUMBER (601) 359-1817	
ADDRESS 239 N. Lamar Street, Suite 301		CITY Jackson		STATE MS	ZIP 39201	
executivedirector@msbc.state.ms	SUBMIT edirector@msbc.state.ms DATE 08/25/15		Name or number of rule(s): Rule 1.7, 1.10, 7.3, 7.6, 7.8, 1.9, 7.10 and 7.14			
Short explanation of rule/amendment/r	epeal and reasor	n(s) for proposing rule/amendm	ent/repeal: (	Created, am	ended and repealed	
rules in conformity to statutory changes	Revision of Boa	ard Rules related to sanitation.				
Specific legal authority authorizing the p List all rules repealed, amended, or susp						
ORAL PROCEEDING:			· · · · · · · · · · · · · · · · · · ·		76306	
An oral proceeding is scheduled for	this rule on Dat	e: <u>October 28, 2015</u> Time: <u>2</u>	ro Pla	ce: Mississir	opi Board of	
Cosmetology Room 303, 239 N. Lamar S	treet Jackson, M	S 39201.				
Presently, an oral proceeding is not	scheduled on this	rule.				
If an oral proceeding is not scheduled, an oral protein (10) or more persons. The written request should include agent or attorney, the name, address, email address comment period, written submissions including a ECONOMIC IMPACT STATEMENT:	ould be submitted to de the name, addres ss, and telephone nu	the agency contact person at the above s, email address, and telephone numbe Imber of the party or parties you repres	e address within or of the person(sent. At any time	twenty (20) da s) making the re e within the tw	ys after the filing of this equest; and, if you are an enty-five (25) day public	
Economic impact statement not requ	uired for this rule	. Concise summary of e	conomic imp	act statemer	nt attached.	
TEMPORARY RULES  Original filing Renewal of effectiveness  To be in effect in days  Effective date: Immediately upon filing Other (specify):	Action prop  New X Ame Repe Adop Proposed fir X 30 da Othe	rule(s)  ndment to existing rule(s)  al of existing rule(s)  ition by reference  nal effective date:  iys after filing  r (specify):	Date Proportion takes Action takes Adop Adop Adop With Repe Effective da	sed Rule Filed n: oted with no c pted with cha oted by refere drawn eal adopted as	s proposed	
Printed name and Title of person aut Signature of person authorized to file	1 127					
OFFICIAL FILING STAMP	ST.	WRITE BELOW THIS LINE FICIAL FILING STAMP  AUG 2 5 2015 MISSISSIPPI ETARY OF STATE	OF	FICIAL FILIN	IG STAMP	

The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.

Accepted for filing by

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